

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE VALPARAISO		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00187176.</p> <p>Complaint IN00187176-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Date: January 19, 2016</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Residential census</p> <p>Sample: 6</p> <p>Brookdale Place Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation to Complaint IN00187176.</p> <p>Quality review completed by 26143, on January 21, 2016.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE